

Plan Summary

This chart explains what your plan covers and what your share of prescription costs will be. You can also find it on our website.

For employees with annual base pay over \$50K

Your plan covers three 30-day fills of medications you take regularly at any pharmacy in our network. After that, you can choose to fill 90-day supplies of your long-term medications at select participating pharmacies in your plan's network.

You can also start saving right away with 90-day supplies. To choose the savings of 90-day supplies, visit [Caremark.com/90day](https://www.caremark.com/90day) or call Customer Care at the number on your prescription card. We will contact your doctor for a new prescription and handle all the details.

After three fills, you can continue to receive 30-day supplies of long-term medications at any network pharmacy. You must first contact us at the number on your prescription card to opt-out of 90-day refills. Note, you will not enjoy the savings of 90-day supplies since the higher retail copays will apply.

	Short-Term Medications Fill at any pharmacy in your plan's network; Cost for up to a 30-day supply	Long-Term Medications Fill at select participating pharmacies in your plan's network; Cost for up to a 90-day supply
Generic Medications Best option to help you save money	20% (\$200 max) for generic medications (after deductible)	20% (\$400 max) for generic medications (after deductible)
Preferred Brand-Name Medications Best option when a generic isn't available	20% (\$200 max) for preferred brand-name medications (after deductible)	20% (\$400 max) for preferred brand-name medications (after deductible)
Non-Preferred Brand-Name Medications Highest cost option	20% (\$200 max) for non-preferred brand-name medications (after deductible)	20% (\$400 max) for non-preferred brand-name medications (after deductible)
PrudentRx Specialty*	30% or \$0 with PrudentRx enrollment and drugs listed (after deductible)	30% or \$0 with PrudentRx enrollment and drugs listed (after deductible)
Non-Prudent Specialty Medications	20% (\$200 max) after deductible	20% (\$400 max) after deductible
Refill limit	One initial fill plus two refills for maintenance medications.	After 3 fills, you can continue to receive 30-day supplies of long-term medications at any network pharmacy. You must first contact us at the number on your prescription card to opt-out of 90-day refills.
Annual Deductible	\$1,700 per individual / \$3,400 per family (combined with medical)	
Maximum Out-of-Pocket	\$4,400 per individual / \$8,800 per family (combined with medical)	
Generic Preventive and Brand Preventive Drugs	Preventative Generic and Brand medications are not subject to the plan's deductible. You will have a \$0 copay when filling a Generic 30-day or 90-day supply. Brand medications will bypass the deductible, and you will be responsible for 20% of the cost up to a \$200 max copay for a 30-day supply or 20% of the cost up to \$400 max copay for a 90-day supply.	

Important Plan Note: Honeywell does not cover weight loss/weight loss GLP1's i.e. Wegovy, Saxenda, Zepbound. GLP1's such as Ozempic and Mounjaro are covered by a prior authorization with a diagnosis of Diabetes.

Customer Care: 1-844-757-0419

Note: When a generic is available, but the pharmacy dispenses the brand-name medication for any reason, you will pay the difference between the brand-name medication and the generic plus the brand copayment.

* **Your plan includes the PrudentRx solution for certain eligible specialty medications.** If you are participating in the PrudentRx program, you will have a final out-of-pocket responsibility of \$0 for medications on the PrudentRx Program Drug List. If you opt-out of participating in the program, you will be responsible for the full amount of the 30% co-insurance on specialty medications.

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Register today at [Caremark.com/StartNow](https://www.caremark.com/StartNow)

Oklahoma: Some Oklahoma residents may not be eligible to participate in the Maintenance Choice and/or Exclusive Specialty program. If you have questions about your eligibility, please contact Customer Care at the number on your member ID card.

Specialty pharmacy delivery options are available where allowed by law. In-store pickup is currently not available in Oklahoma. Puerto Rico requires first-fill prescriptions to be transmitted directly to the dispensing specialty pharmacy. Products are dispensed by the applicable specialty pharmacy and certain services are only accessed by calling the pharmacy directly. Certain specialty medication may not qualify.

Products that qualify as preventive services may be available at a lower cost share or no cost share, depending upon your plan, and may change from time to time. Please check your plan benefit materials should you have any questions about your coverage. Certain drug options identified above may be subject to additional prior authorizations or other plan design restrictions. Please consult your plan for further information.

This information is not a substitute for medical advice or treatment. CVS Caremark assumes no liability whatsoever for the information provided or for any diagnosis or treatment made as a result of this information.

Members acknowledge that by directing their prescribers, or their agents, to send prescriptions to CVS Caremark they are also providing express consent for CVS Caremark to provide prescription services to those members for those prescriptions. Members acknowledge that by directing their prescribers, or their agents, to send prescriptions to the applicable specialty pharmacy, they may also be providing express consent to utilize any affiliated pharmacies to process their prescriptions. Plan Member Rights and Responsibilities can be found at [Caremark.com](https://www.caremark.com)

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